

Purpose

"We want to investigate and promote cost-effective approaches to address the mental health needs of at-risk adults and juveniles who are likely to offend or have a history of offending."

Secretary Scott Keman



COMIO
Center on Mental Health & Offending

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Primary Goals

Through an annual legislative report and monthly activities, COMIO **investigates, identifies, and promotes** cost-effective strategies for youth and adults with mental health needs that:

- **PREVENT** criminal involvement (initial and recidivism).
- **IMPROVE** behavioral health services.
- **IDENTIFY** incentives to encourage state and local criminal justice, juvenile justice, and mental health programs to adopt approaches that work.

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Secondary Goals

COMIO has a commitment and is building capacity as a **resource for information** on policy and practice

COMIO can **provide referrals** to individuals and organizations that have expertise on:

- Crisis Prevention
- Mental Health Services
- Substance Use Services
- Court Programs/ Alternatives to Custody
- Reentry
- Community Integration, Services and Supports

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Activities

- **Dissemination of 2016 Annual Legislative Report**
 - Distributed 200+ copies
 - Conducted key legislative visits, &
 - Provided presentations/trainings at the local, state & federal level
- **Launched the COMIO/ DHCS Medi-Cal Utilization Project**
- **Strengthened Communication and Outreach Efforts**
- **Developed 2017 Annual Legislative Findings and Recommendations**
 - 6 County Program and Staff Visits
 - Quarterly Meetings and Informational Workshops
 - Summer Educational Site Visit
 - Key Informant Interviews
 - Statewide Online Survey
 - Literature Reviews and Secondary Research



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What's the Landscape?



2 MILLION ADMISSIONS to U.S. jails annually are persons experiencing mental illness.

14 PERCENT of prisoners and **26 PERCENT** of jail inmates meet the threshold for serious psychological distress.

Nearly **75%** of jail inmates with a diagnosis of mental illness also struggle with substance use disorder.

More than **50%** of inmates in prison and nearly **70%** of those in jail met criteria for substance dependence in the year prior to their arrest.

Individuals with behavioral health challenges have **higher rates of recidivism**.

In California individuals diagnosed with **serious mental illness** continues to be the highest among all populations at **nearly 52%** compared to **45%** for those with no mental health designation.



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What's the Landscape?

- Once incarcerated, these individuals stay **longer in jail and prison** and **correctional spending on adults with mental illness is two to three times higher** than for those without mental illnesses.
- The Legislative Analyst's Office reports that **1/3 of inmates (38,000)** are participating in **mental health programs** and health and medical costs, including Mental Health treatment accounts for **31% of Californians Correctional Costs**.



- FY 2017-18 dedicated **\$1.4 billion** in State General Funds to State Hospital operations for fiscal year (FY) 2017-18 where roughly **90%** of the population served are forensic commitments.
- Funding for **state and local correctional services** are drawn from the same source as those for hospitals, social services, schools, roads, etc., all of which can be negatively impacted when correctional costs take a great proportion of the budget.



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What's the Landscape: Reentry Health Risks

Released inmates have high rates of poverty, unemployment, and ultimately homelessness – wreaking havoc on health status.

- During this difficult time, drug use increases and there is a 12-fold increase in the risk of death in the first two weeks after release
- A survey of over 1000 returning offenders from prisons found that 4 in 10 men and 6 in 10 women reported a combination of physical health, mental health, and substance abuse conditions.
- These individuals reported poorer employment noting that health problems interfered with their ability to work, and reported a need for housing assistance.
- Not having a primary care provider may lead to under-treated or untreated mental health and substance abuse disorder, which are indirectly linked to recidivism.



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What's the Landscape: Homelessness

- The U.S. Interagency Council on Homelessness assessed that nearly 50,000 people per year enter shelters directly after release from correctional facilities.
- 1/2 of the homeless report a history of incarceration, with 1/3 reporting a mental illness and 2/3 reporting a substance use disorder.
- Parolees and probationers who are homeless are 7x more likely to recidivate.
- 47.2% of individuals found Incompetent to Stand Trial (IST) report being unsheltered homeless at admission with individual county rates ranging from 15 percent to over 83 percent.



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California Reforms To Criminal Justice Made Behavioral Health Services A Public Safety Issue



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What's the Landscape: California Criminal Justice Reforms

- **2009 Senate Bill 678** Provided financial incentives to counties to reduce the number of felony offenders sent to state prison for probation failures.
- **2011 Public Safety Realignment** Shifted low level felons (non- serious & non-violent) to probation and county jail systems (*many have behavioral health needs w/ only a small fraction of money is dedicated to treatment*)
- **2012 Proposition 36** Revised the "three strikes law" so that a life sentence was only imposed with a NEW serious and violent crime
- **2014 Proposition 47** Reduced penalties associated with certain lower-level drug and property offenses (*provides money for community SUD/MH programs*)
- **2016 Proposition 57** Increases the number of inmates eligible for parole consideration by awarding sentencing credits to inmates for positive behavior such as participating in rehabilitative programming. The measure also makes changes to state law to require that youths have a hearing in juvenile court before they can be transferred to adult court.



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What's the Landscape: California Health Care Reforms

- The **1991 and 2011 Realignment** and the **Mental Health Services Act (MHSA)** supported a behavioral healthcare system in California that was county-driven but tax revenue reliant
- The **financial crisis of the mid to late 2000s** disseminated the state's health care safety net, including behavioral health services despite revenue from the MHSA
- In **2010 the Affordable Care Act** was signed into law significantly expanding services and eligibility, particularly the inclusion of *essential health benefits* and the *availability of never before health care for low income, childless adults under expanded Medi-Cal* (CA's Medicaid Program), offered significant opportunities and challenges
- In **2015 the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver** launched so that counties could substantially expand benefits — including to the justice-involved
- By **2016 Whole Person Care Pilots** were being developed to provide *comprehensive and coordinated care* for high utilizing Medi-Cal recipients including those reentering from correctional settings



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What's the Landscape: Impact of ACA

*"Of the nearly **10 million people** released from correctional facilities each year, as many as **70 percent** leaving prison and **90 percent** leaving jail were estimated to be uninsured prior to the enactment of the Affordable Care Act (ACA)"*

*In **Medicaid expansion states**, which broaden coverage to all adults who make less than 133 percent of the federal poverty level, may identify as many as **80 to 90 percent** of people leaving prisons eligible for Medicaid."*



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What's the Landscape: Impact of Health Care

- A Washington State study showed that substance use treatment provided under Medicaid accompanied a **50 percent reduction** in rates of growth in medical and long-term care costs for the justice-involved population
- A 2-year study of jail releases in Illinois, Washington, and Florida found that Medicaid coverage and receiving behavioral health services was associated with a **16 percent reduction in recidivism**
- Community mental health treatment is **more effective and less expensive than incarceration**: the annual cost of incarcerating an average state prison in California is over \$70,000, not including mental healthcare costs, while the cost of treating a person with mental illness in the community is approximately \$22,000



*Legislative Analyst's Office, "How Much Does it Cost to Incarcerate an Inmate?" (Dec. 2016)

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What's the Landscape: Threats to Medicaid/ACA

Roller coaster of efforts to repeal and replace the ACA

*What Changes would be the **most impactful**?*

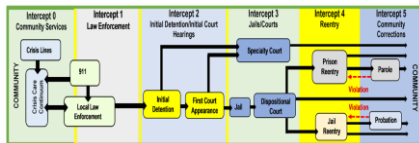
- Eliminate **Medicaid Expansion** (3.7 Million Californians + tens of billions in federal funds)
- Eliminate the **10 Essential Health Benefits** (MH and SUD)
- Eliminate Protections for **Pre-existing Conditions**
- Eliminate **Entitlement** Nature of Medicaid through a **Per-Capita Cap**
- Eliminate **Premium Subsidies**
- Eliminate the **Individual and Employer Mandates**



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Policy Focus and Priorities: Do What Works

Sequential Intercept Model Mapping



Support **Stepping Up Initiative Efforts**
31 counties have signed resolutions
representing over 70% of CA's population



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Policy Focus and Priorities

- **Preserve and Protect** California's behavioral health care services for the justice-involved: **It is a public safety issue**
 - Protect Essential Health Benefits
 - Mental Health and Substance Use Disorder (SUD) benefits are critical to **10%** of probationers and parolees with **serious mental illness** and **40%** with **SUD needs** in our communities
 - Preserve and Maximize Impact of Medi-Cal (Medicaid) and the Expansion
 - Behavioral healthcare service, not just access, is **essential to reducing** incarceration, homelessness, and emergency room usage
- **Support and Expand** the Impact People with Lived Experience have on Reducing the Incarceration of Individuals with Behavioral Health Challenges



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Interviews & Survey

Statewide Survey

- Developed questions based on 10 key informant Interviews with administrators, providers (licensed, peers, family members and community health workers), advocates and service-users
- Wanted input regarding the impact of:
 - Expansion of Medi-Cal services, under the Affordable Care Act
 - Services provided by peer providers, community workers, and family advocates
 - What is and is not working, service utilization and satisfaction



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Highlights: Key Informant Interviews

Medi-Cal Expansion has ...

"Finally opened the door for people to get help ... if anything happens and it goes away it will definitely increase recidivism"

"Made it possible to help people struggling with addiction and sobriety"

"Helped parolees to get help they need but the services aren't really designed to meet the needs ... people have significant trauma and need more than brief treatments"

"Reduced stigma because a lot of people who weren't open to getting mental health services can now and they can get them close to home"



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Highlights: Key Informant Interviews

Medi-Cal Expansion is needed because ...

"Even though the MHSA provides great opportunities – Medi-Cal is really the backbone. Sustainability is really the key to solving this and the more that people that are covered the more services we can provide"

"Without Medi-Cal we could not pay for level of services needed, before had to string together county general funds, block grant funds, and find grant money ... now we use Medi-Cal and we are looking to figure out how we can use the other funds for housing"

"We need to make it so someone doesn't lose their benefits in jail because we are spending our money on services in jail rather than for reentry and in the community, that does not make any sense"



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Highlights: Key Informant Interviews

*"If anything happened to
Medi-Cal it would be
devastating. Right now we
just have a band-aid where
stiches are needed."*



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Highlights: Key Informant Interviews

Peers, Families and Community Health Workers ...

"Peers have a big impact on making someone who has just come home comfortable, and help to break down the stigma towards mental health treatment and law enforcement"

"We help navigate, offer support at the same time ... its overwhelming and stressful, they don't know how to access services or to ask for help"

"I can give the family a voice in the courtroom, so important ... teach the family how to navigate the system and what options are available"

"You hear no a lot and people get discouraged or they don't understand all the language. I can translate it for them"

"We are grateful that Medi-Cal pays for the services we provide but the State could make peer support specialists certified so they could increase career opportunities"



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Highlights: Key Informant Interviews

With/Without Medi-Cal Expansion - Barriers & Challenges

"Stigma, people will refuse services to avoid a label"

"We have a project for expansion but the NIMBYism, can't get anyone to site us so we have the resources just no place to provide them"

"There has to be a better way to get people connected to services before they leave jail or prison"

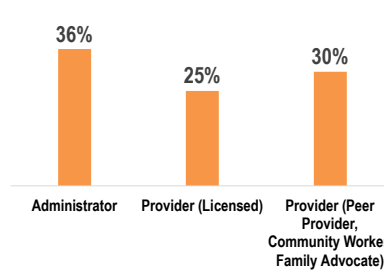
"Long wait times for appointments and crowded clinics can be frustrating and overwhelming we need to invest in the workforce"

"Medi-Cal can't pay for housing and transportation which is what people need the most, especially parolees"




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Highlights: Statewide Survey

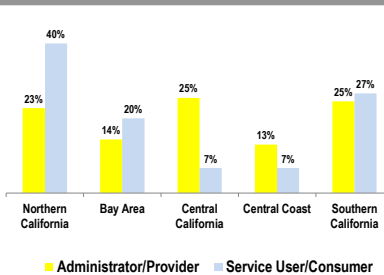


Role	Percentage
Administrator	36%
Provider (Licensed)	25%
Provider (Peer, Community Worker, Family Advocate)	30%




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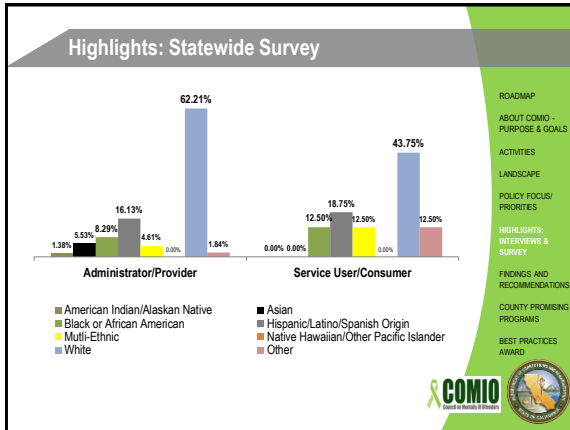
Highlights: Statewide Survey

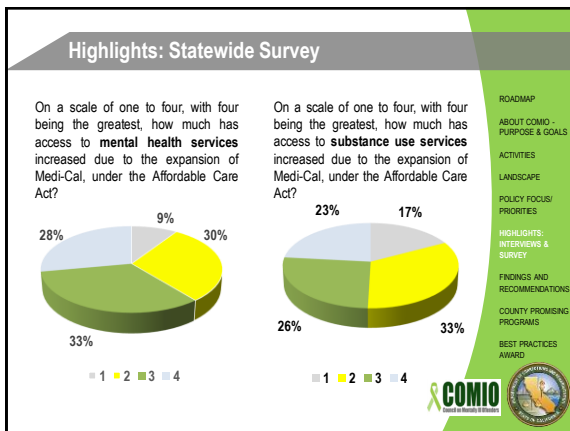


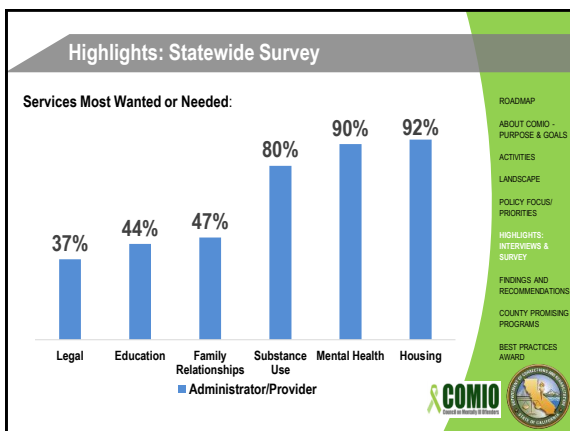
Region	Administrator/Provider (%)	Service User/Consumer (%)
Northern California	23%	40%
Bay Area	14%	20%
Central California	25%	7%
Central Coast	13%	7%
Southern California	25%	27%

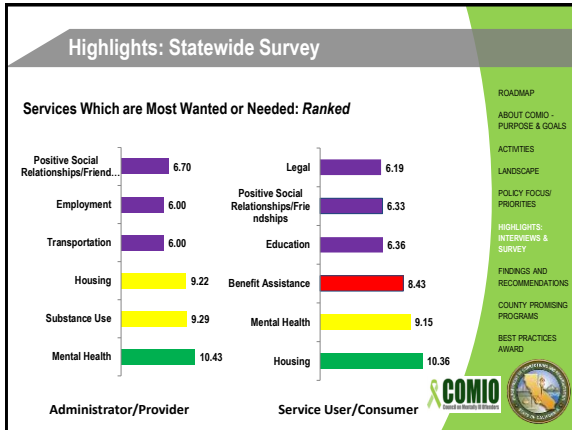


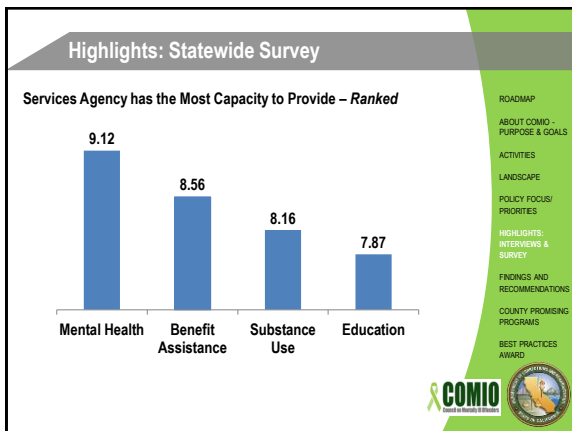
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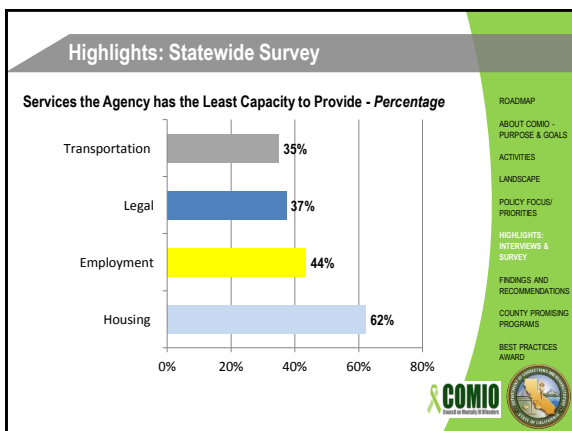


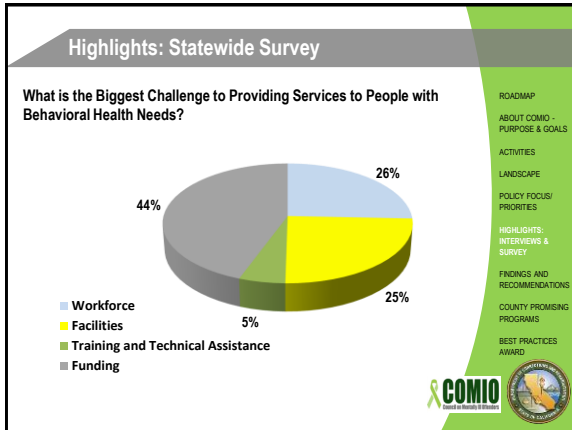


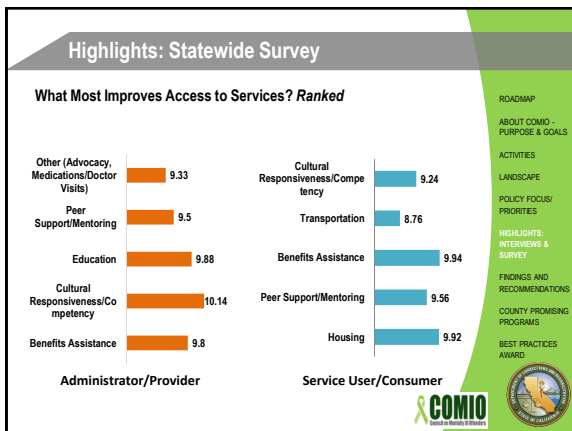


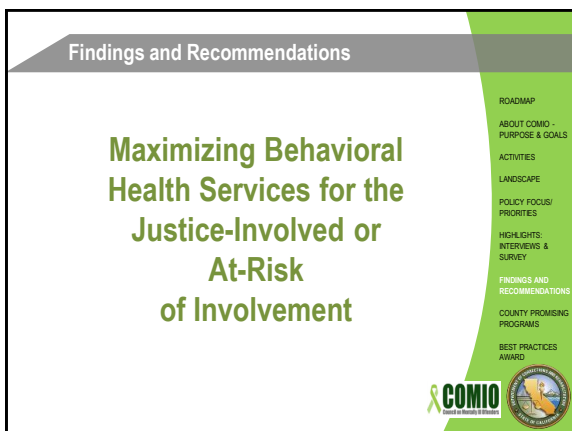












Findings and Recommendations

Finding:

The consequence of behavioral health needs not being met effectively in the community is costly.

For many, if not the majority, correctional facilities provide incarcerated adults with their first access to preventive and chronic care, including treatment for substance use and mental health disorders.

The Affordable Care Act (ACA), and in particular Medicaid expansion and the inclusion of mental health and substance use disorder treatment as one of ten essential health benefits, has provided enormous opportunities to build community alternatives to incarceration.



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Findings and Recommendations

1. Recommendation

- Preserve and protect California's expansion of Medi-Cal and mental health and substance use disorder treatment as essential health benefits.
- The success of public safety realignment and criminal justice reforms in California is significantly reliant on expanded Medi-Cal eligibility and services, especially behavioral health services.
- Protecting this expansion is paramount to address overcrowded jails and prisons, but more importantly, to serve people with behavioral health needs in the community before they are in crisis or at-risk of incarceration.



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Findings and Recommendations

Finding:

The benefits of behavioral health services are clear but what is less clear is how someone accesses services in the community and what can one expect to receive.

Individuals, whether they are administrators, providers, or service-users cannot advocate for the help that is needed without knowing what individuals are lawfully entitled to and what is readily available.



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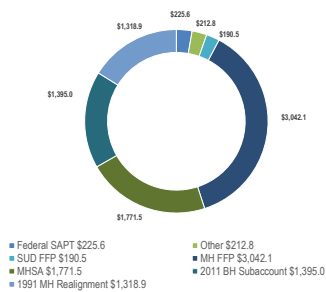
- Medicaid (Medi-Cal) is the single largest payer for community mental health services and also increasingly for substance use treatment.
- As of now, Medi-Cal is a federal entitlement program with a legal obligation to pay for all medically necessary services and counties cannot set predetermined spending limits for Medi-Cal beneficiaries.
- Medi-Cal specialty mental health services are defined as services provided under the waiver to Medi-Cal beneficiaries who meet specified medical necessity criteria.
- MHPs also must provide a toll-free phone number 24 hours per day 7 days per week to inform callers about available services and are obligated to ensure access to services by having adequate numbers of qualified providers, institutional facilities, and service sites.



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Findings and Recommendations

FY 16/17 Estimated Behavioral Health Funding*



*Geiss Consulting

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Findings and Recommendations

2. Recommendation

- Mental Health Plans (MHPs) and Medi-Cal Managed Care Plans (MCPs) are required to provide easy to understand information about benefits and how to access services.
- Leverage such efforts by assessing for accessibility to various justice partners, providers and service users.
- Offer recommendations for improvements if needed.
- Raise awareness about such resources and use dissemination channels including making the information available on COMIO's website as well as the websites of other justice partners.



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Findings and Recommendations

Finding:

Strides and significant improvements have been made to expand the number of Medi-Cal beneficiaries with behavioral health challenges and justice involvement or risk of involvement, but there are far more strategies that we can explore as a state.

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Findings and Recommendations

Screening and Enrollment



3. Recommendation

- Require universal screening with reliable and validated tools for mental illness, substance use and co-occurring disorders, and criminogenic risk at jail intake. Doing so will provide valuable information to support diversion, needed services, and improved connections to necessary care.

4. Recommendation

- Require screening of eligibility for health care coverage and other benefits at intake in jails and prison and identify strategies to resource such screening, either among custody or in partnership or under contract with health and social services staff. Efforts should be consistent with local eligibility screening and determination processes and protocols.

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Findings and Recommendations

Screening and Enrollment

5. Recommendation

- Remove the one-year limitation on California's Medi-Cal suspension policy and instead support indefinite suspension.
- There have been recent legislative proposals regarding this that have yet to be successful. Follow-up to determine what the barriers have been, and if there are possible resolutions.
- Support policies that are more likely to sustained health care coverage, including the development of a simplified annual redetermination process for those in jail or prison.

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Findings and Recommendations

From Enrollment to Coverage



6. Recommendation

- If capacity within correctional settings for enrollment efforts is limited, priority should go to people with health problems - physical and behavioral.
- This is another reason why it is so important to conduct an effective behavioral health assessment along with assessment of criminogenic risk to ensure those with the great needs returning to the community are the most likely to receive health coverage and other benefits.

7. Recommendation

- Research what other states are doing through technology to expedite Medicaid enrollment such as ease of imposing and lifting suspension status and other strategies to expedite access to reimbursable services.

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Findings and Recommendations

From Enrollment to Coverage

8. Recommendation

- The Department of Health Care Services (DHCS), California Department of Corrections and Rehabilitation (CDCR), and county stakeholders like behavioral health, social services, probation and the sheriffs' department can consider the feasibility of a state plan amendment that would establish short-term presumptive eligibility for those exiting incarceration whose eligibility cannot be determined at the point of release, particularly if they are in need of medical and behavioral health services upon release.
- The goal is to devise a reasonable strategy where Medi-Cal can support an individual's transition from incarceration to community.

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Findings and Recommendations

From Enrollment to Coverage

9. Recommendation

- Address gaps that exist between eligibility, enrollment and service access due to an additional process of selecting a local Medi-Cal Managed Care plan and completing additional paperwork.
- Explore strategies where plan selection could be completed simultaneously with eligibility and enrollment processes, for example in small and rural counties that might only have one plan option.
- Prior to release individuals can receive support to choose a specific provider within the network of the plan selected.

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Findings and Recommendations

Finding:

California and its county partners are not maximizing all opportunities for federal reimbursement for Medi-Cal beneficiaries. Maximizing federal reimbursement can preserve scarce state and local resources for needed, but non-reimbursable, services.



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Findings and Recommendations

Maximizing Federal \$\$\$ for Medi-Cal Beneficiaries

10. Recommendation

- Public safety entities and county Mental Health Plans should collaborate to identify optimal strategies to engage individuals who are being released from jail or prison into appropriate health or behavioral health care. This may include pre-release discharge planning and/or transition to community-based services. To support these efforts, counties should maximize the identification and use of available federal funding, as allowed (e.g., Medi-Cal Administrative Activities, Medi-Cal medical assistance).

11. Recommendation

- Over 85 percent of parolees are exiting incarceration as Medi-Cal beneficiaries. Identify mechanisms to ensure that parolees who are Medi-Cal beneficiaries have access to the services they are entitled to either through the Specialty Mental Health System or a Medi-Cal Managed Care Plan. Such work provides an excellent opportunity to strengthen collaboration between state and local partners.



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Findings and Recommendations

Maximizing Federal \$\$\$ for Medi-Cal Beneficiaries

12. Recommendation

- DHCS, in consultation with behavioral health and criminal justice stakeholders, should clarify and provide guidance to counties on when and to what extent Medi-Cal and Mental Health Services Act (MHSA) funds can be used for the justice-involved, including parolees who are now Medi-Cal beneficiaries.

"The Medi-Cal expansion has complicated understanding how to comply with the MHSA parolee exclusion. Programs are often funded by numerous sources, how can one determine if a parolee should be excluded if part of the funding source is an entitlement?"



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Findings and Recommendations

Maximizing Federal \$\$\$ for Medi-Cal Beneficiaries

13. Recommendation

- Maximizing federal reimbursement for parolee mental health care will aid in supplying the resources needed to better address physical and behavioral health needs.
- The benefits and challenges regarding how to do so most effectively should be thoroughly examined in preparation for 2020 Medi-Cal waiver renewal.

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Findings and Recommendations

Finding:

Connections to care are fragmented and disjointed for a variety of reasons ranging from a lack of resources especially housing, to complications with data sharing, to low capacity to navigate complex community health and service systems.

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Findings and Recommendations

Discharge Planning, Reentry and Housing

14. Recommendation

- Ensure that jails, state prisons, and state hospitals have specific policies in place for enhanced pre-release and discharge planning for individuals who screen and assess at-risk due to serious mental illness (SMI), substance use disorder (SUD), co-occurring disorder (COD), and/or criminogenic needs.
- Assess how extensively Medi-Cal is being used to support these efforts compared to other funding sources like the MHSA, Realignment, or categorical grant programs.
- Consider strategies that connect individuals with their service provider prior to release, even if from a state institution. Pre-release and discharge strategies that include individuals with previous incarceration experience have demonstrated effectiveness.

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Findings and Recommendations

Discharge Planning, Reentry and Housing

15. Recommendation

- Explore the feasibility and mechanics of piloting in jails and/or prisons promising practices to improve continuity of care, including:
 - Use of community health workers and peers for both jail/prison in-reach and community-based service support and system navigation,
 - Engagement and communication between community supervision (probation and parole) entities and behavioral health service providers to break down myths and misperceptions of roles and responsibilities,
 - Data-sharing that allows the sharing of health information between criminal justice and behavioral and health partners, and
 - Incentives (including enhanced funding or training and technical assistance) for providers who can specialize in populations who are high-risk and require a specialized skill set to tackle complex conditions (e.g. homelessness, SMI, SUD, COD, criminogenic risks).



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Findings and Recommendations

Discharge Planning, Reentry and Housing

16. Recommendation

- Considering the risk and crisis in homelessness among the justice-involved population with serious behavioral health needs upon reentry, all efforts to address homelessness and the housing crisis in California should take into consideration the unique needs of this population. Moreover for the justice-involved population with behavioral health challenges, housing must be linked to services and vice versa.
 - Maximize the use of Medi-Cal funds for the justice-involved (therefore expanding federal financial participation) including for housing services so that resources saved can be directed towards a variety of housing needs for the reentry population especially for immediate short-term and transitional housing.



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Findings and Recommendations

Discharge Planning, Reentry and Housing

16. Recommendation (Continued)

- Support practices that provide equal opportunities for housing for those being released from institutions such as jails, prisons, juvenile detention, state hospitals and even parole such as the *No Place Like Home Initiative* which will include individuals who are at-risk of chronic homelessness as part of their target population, and
- Strengthen state-level efforts to combat *Not in My Backyard* (NIMBY) community responses for housing for individuals with behavioral health needs and/or individuals who have been formerly incarcerated. Explore if and how the *Housing Accountability Act* will aid in enforcing the development of appropriate housing for special needs populations who may be experiencing discrimination.



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Findings and Recommendations

Finding:

The Whole Person Care (WPC) and Drug Medi-Cal Organized Delivery System of Care (DMC-ODS) Pilot Programs offer opportunities for counties to design interventions and payment models that achieve improved outcomes for the justice-involved with significant health and behavioral health challenges.

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17. Recommendation

- COMIO will continuously monitor the lessons learned emerging from counties and their partners implementing programs under these initiatives that especially target individuals with justice-involvement or for those returning home from incarceration.
- Through enhanced pre-release and discharge planning in local jails, CDCR, and the Department of State Hospitals (DSH) could have enhanced capacity to directly link appropriate individuals to community-based services prior to release.
- Disseminate lessons learned across counties and include health, behavioral health, and public safety partners to examine how similar efforts could be adopted locally. Learning from these initiatives should influence decisions about how to change or update Medi-Cal waivers in 2020.

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Support and Expand the Impact People with Lived Experience have on Reducing the Incarceration of Individuals with Behavioral Health Challenges

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Findings and Recommendations

Finding:

California lacks a cost-effective and evidence-based statewide peer support model for prevention, diversion, and reentry programming to reduce recidivism and prevent incarceration among individuals with mental illness.



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Findings and Recommendations

- Peer specialists are paired with clients who have lived experience that is similar to their own. This allows them to provide a more closely tied model of recovery for their client and to guide them on their path to recovery prior to and upon release.
- Over the past decade, there has been an increase in research to support the use of peers in a correctional setting to improve the transition from jails and prisons to the community for formerly incarcerated individuals.
- Preliminary evaluation of Peer Provider models has shown increased rates of connection to services and reduced rates of recidivism among participants.



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Findings and Recommendations

Peers vs. Community Health Workers: What is the difference?

"CHWs focus on prevention, peer workers focus on activation, self-care and engagement of those already seriously ill."
(Bergson, 2017)

- Community Health Workers (CHWs) are often used in the health care field as a link between clients, community resources, and health care services.
- CHWs come from the communities they serve, making them a more trustworthy and reliable resource for clients with complex behavioral health needs. Depending on the facility in which they work, CHWs may or may not be required to complete an educational or certification program.
- There are CHW certificate programs in California, one of which is housed within City College of San Francisco (CCSF). The school also offers a Post Prison Health Worker Certificate which emphasizes additional competencies required for effectively serving clients who have a history of justice involvement.



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Findings and Recommendations

18. Recommendation

- Promote the use of peers who have former justice-involvement as an essential provider in the behavioral health workforce. All efforts to expand the use of peers in the workforce should include the formerly incarcerated.
- Support efforts to establish a statewide certification program equipped with competencies that are effective in meeting the complex needs of the justice-involved population.
- Promote cost-effective treatment models by identifying strategies to ensure that paraprofessional services delivered by peer support specialists, substance use disorder (SUD) counselors, and community health workers are Medi-Cal reimbursable.



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Findings and Recommendations

Finding:

There are significant barriers to employment for individuals who have a history of justice involvement. These barriers also exist in county behavioral health systems.

"Forensic Peer Specialists embody the potential to recover for people who confront the dual stigmas associated with serious mental illnesses and criminal justice system involvement."
(Davidson & Rowe 2008)



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Findings and Recommendations

19. Recommendation:

- Short-term: Assess and document barriers to employment for individuals with justice-involvement. With support from counties, identify effective practices for addressing barriers to employment and disseminate them statewide. Encourage local governments to utilize this untapped resource to build the capacity of their behavioral health workforce.
- Long-term: In partnership with counties, strategize to address barriers through policy change.



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Findings and Recommendations

Finding:

Community Health Workers (CHWs) are often used to bridge the gap between community members and health care services. The CHW model has been used in different settings, including justice settings, to strengthen connections to health care services and general assistance benefits for clients who have complex health needs.



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Findings and Recommendations

20. Recommendation:

- Identify different CHW models being used in California and how they have been, or can be, effective in behavioral health settings.
- Ensure that models implemented also consider and address the needs of justice-involved individuals who have behavioral health needs.



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Finding:

In September 2017, the Governor signed legislation to amend Penal Code Section 6044 to direct the council to also address the need of those who receive substance use disorder services. Many individuals who are justice-involved have a co-occurring mental illness and substance use disorder. Screening, assessment, and treatment of these co-occurring disorders can be performed through integrated care.



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Findings and Recommendations

21. Recommendation:

Statistics document that if a person is justice-involved and has a mental illness, over three-quarters have a co-occurring substance use treatment need.

- The Council must better understand integrated care for co-occurring disorders and effective treatments.
- In future work the Council should identify and disseminate best practices for the role of SUD counselors provide in treating the target population.
- Overall the Council should advocate that all mental health care providers working with the justice-involved population (especially in custody or correctional settings) be trained to address co-occurring disorders.



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Finding:

Specially trained providers are needed to serve the target population due to their complex needs. There is emerging evidence that effective models exist in California but are not being implemented statewide.



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Findings and Recommendations

22. Recommendation:

- Examine effective models to determine strategies for integration of SUD counselors.
- Set out to better understand how peers, CHWs, and SUD counselors can work to serve people with co-occurring disorders.
- Strengthen collaborative relationships by cross-training Peer Support Specialists, CHWs, and Substance Use Disorder (SUD) Counselors. Foster the development of a culturally competent workforce who can effectively address the unique needs of the justice-involved population.



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Findings and Recommendations

Finding:

Although federal, state and local partners have invested significantly in this issue, the state lacks a coordinated, strategic approach that leverages the authority and resources across state government to maximize the prevention and diversion of individuals with mental illness and substance use disorders from the criminal justice system.

This includes effective reentry strategies tailored to meet the needs of individuals with serious mental illness, substance use disorder, co-occurring disorders, and/or high criminogenic risk factors who have specialized needs.

In addition, continuity of care between state and local criminal justice and behavioral health systems is fragmented and perpetuates negative consequences such as recidivism, homelessness, and hospitalization.



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Findings and Recommendations

23. Recommendation:

- COMIO is well positioned to build upon existing efforts and lead state agencies, departments, advisors, and stakeholders to:
 - Catalogue existing state and federal efforts in prevention, diversion, and reentry, including the authority and funding provided by different entities,
 - Identify strengths and barriers in existing efforts including opportunities to improve coordination to address gaps in prevention, diversion and reentry efforts,
 - Develop a prioritized plan of legislative, regulatory, financial, educational, and training and technical assistance activities for statewide action, and
 - Create a reasonable structure to measure the progress and impact of such activities.



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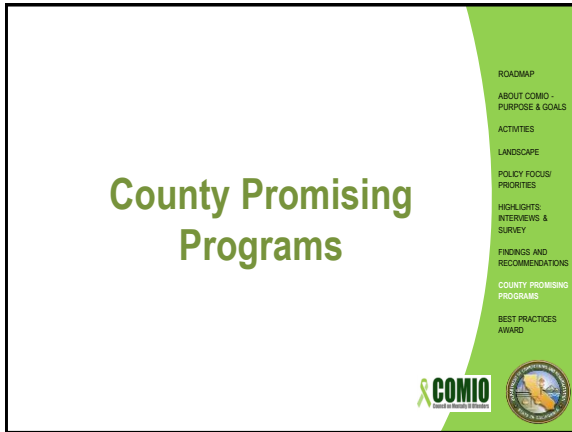
Discussion, Q & A, Comments and Motion

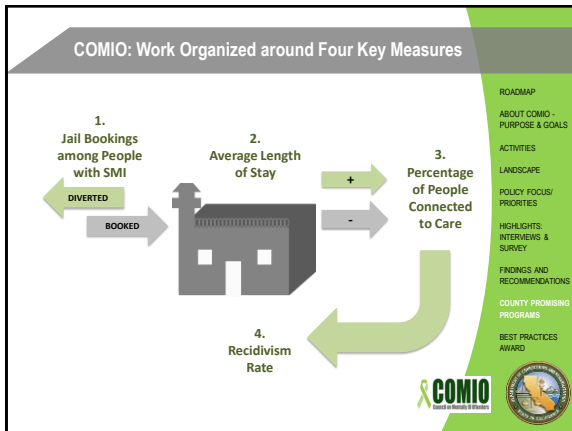
Motion:

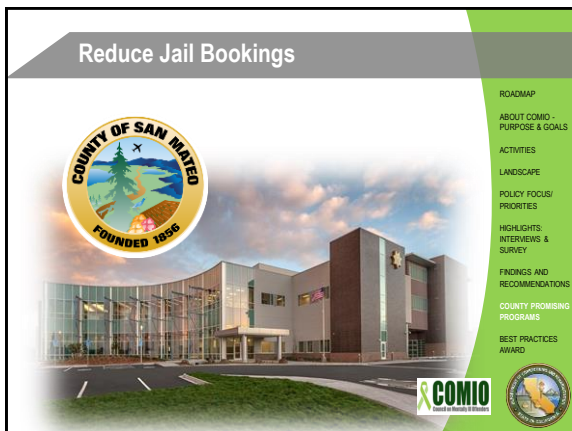
- Adopt Draft Findings and Recommendations
- Delegate Final Review and Approval, Including Full Report Content, to the Chair




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Reduce Jail Bookings



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Reduce the Length of Stay in Jail



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Increase Connections to Care



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Increase Connections to Care






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Reduce Recidivism








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2018 Meeting Dates

January 24, 2018 1PM - 4PM - Issue-Specific Workshop
January 25, 2018 9AM - 3PM - COMIO Council Meeting

April 4, 2018 1PM - 4PM - Issue-Specific Workshop
April 5, 2018 9AM - 3PM - COMIO Council Meeting

July 19-20 (tentative)
Educational Site Visit/On the Road
Location: San Diego, California

September 19, 2018 1PM - 4PM - Issue-Specific Workshop
September 20, 2018 9AM - 3PM - COMIO Council Meeting

November 7, 2018
State Capitol – Legislative Findings & Recommendations

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Thank You

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<http://www.cdcr.ca.gov/COMIO/>

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COMIO

Council on Mentality of Offenders

Building bridges between
criminal justice & behavioral health
to prevent incarceration
